

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/017513	FILING DATE 2/2/05						
						CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1	1			51						
2				2			52						
3							53						
4			1	1			54						
5				2			55						
6							56						
7			1				57						
8				2			58						
9				2			59						
10				2			60						
11				2			61						
12				2			62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4				TOTAL IND.						
TOTAL DEP.			14				TOTAL DEP.						
TOTAL CLAIMS			18				TOTAL CLAIMS						